

# Abstract Form

Abstract is to be typed in a 10 point font/typeface (Times Roman preferred) and must fit in the space below; additional pages may not be submitted.

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### TITLE:

**The Happy Marriage of Behavioral Psychology and Organ Donation:**  
A Collaborative Effort of the SouthEastern Organ Procurement Foundation  
and the University of Rhode Island Cancer Prevention Research Center

### DESCRIPTION OF ACTIVITY:

In 1994, the SouthEastern Organ Procurement Foundation (SEOPF) began to focus on the critical shortage of transplantable cadaver organs and on the paucity of scientific study relating to organ donation. A Task Force on Organ Donation was charged with assessing the science of organ donation and doing something about it. The roughly 50% consent rate nationwide for organ donation provided a ready opportunity for study. Fortuitously at that time, the work of behavioral psychologists at the University of Rhode Island (URI) became known to the Task Force through the good offices of Judith Braslow from the DOT of HRSA who had arranged for Dr. James O. Prochaska from URI to address the annual UNOS/DOT meeting. He suggested that organ donation consent could be viewed from the perspective of behavioral psychology and be studied. Prochaska and colleagues described the Transtheoretical Model of Behavior Change that had been applied extensively to chronic behaviors resulting in unprecedented improvement of unwanted behaviors of numerous types. The Model had been extensively validated and its applicability to the consent situation seemed logical. The Transtheoretical Model views the (1) stage of change, (2) decisional balance (pros and cons), and (3) processes of change as inter-related components of successful behavior change. Each of the components of the model can be quantitated and studied. The stages of behavior change defined in the model include precontemplation, contemplation, preparation, action, and maintenance. With stage-appropriate interventions, individuals can be made to progress successfully to the action stage.

### DES

SEOPF contracted with the URI group for studies that would allow application of the Transtheoretical Model to organ donation consent. Funding came from Roche Laboratories and from SEOPF. OPO coordinators and physicians from the SEOPF Task Force participated in focus group discussions that permitted the URI psychology group to gain knowledge of organ donation and the SEOPF group to gain knowledge of the Transtheoretical Model and the process required to apply it to the consent situation. Additionally, the two groups met six times during the past 24 months at the triennial SEOPF meetings. Phase 1 of this work is nearly completed and it resulted in the construction of a detailed questionnaire that was administered to 158 donor next-of-kin. Phase 1 data will be used to construct a short questionnaire for use by organ procurement coordinators to "stage" donor families at the time of consent. Accurate staging of a donor family is necessary so that stage-appropriate interventions can be implemented by OPO coordinators to facilitate positive action in consent.

SEOPF has contracted with URI for Phase 2 studies to develop OPO coordinator curricula and training materials utilizing OPO members of SEOPF as expert consultants for the construction, testing, and implementation of stage-appropriate interventions in organ donation consent. It is anticipated that a full year will be required for this and that wide dissemination and replication of this novel approach to organ donation consent will occur soon after appropriate studies on it are completed. Phase 3 of this work will result in the development of multimedia computer expert systems to enhance utilization and ongoing study of this work.

Evaluation of this new consent strategy is underway. Measures that can be applied to the Transtheoretical Model lend themselves to analysis and, indeed, this analysis has been part of Phase 1 of this work. It will be presented separately at this conference. New interventions in organ donation will be studied scientifically in the same way that interventions in clinical transplantation are studied. Outcome studies of effectiveness will be an integral part of these studies. The use of historical controls and limited randomized studies will be necessary to determine the value of this work.

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